

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1581
Logged In	
Scanned	
Computer	WKS
Audited	8.27.04

COMMITTEE NAME (Must be same as on Statement of Organization)

Runkel for Representative

IMPORTANT: Indicate type of committee you are reporting for:

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
- (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee

CANDIDATE COMMITTEES ONLY:

Candidate Name: Tracy Runkel
 Office Sought: House of Representatives
 Political Party: Democratic
 District (if Senate or House): 10

Diane Amundson
SIGNATURE OF TREASURER (or person filing this report)

515-233-2448
TELEPHONE

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A July 19 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate one

CHECK IF AMENDMENT TO REPORT DATED July 19

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election <u>General - Nov.</u>
County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)\$ 2408.89

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 3370.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 5778.89

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 841.49

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 4937.40

**UNPAID BILLS (From Schedule D - Attach Schedule D)\$

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ 3079.58

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Reunkel for Representative

Reset Form

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
May 2004 #9700	SEIU (Iowa for Health Care) Kristin Running 1210 Highland Ave Iowa City IA 52240	UNION Support. (local 199)	Staff member 80% of \$1500/m.	\$ 1200	<input type="checkbox"/>
June 2004 #9700	SEIU		Staff member	1200	<input type="checkbox"/>
June 2004 #9700	SEIU		materials (flyer/poster)	568 ⁰⁵	<input type="checkbox"/>
June 7, 2004 #9700	SEIU		"Robo Call" 1,487 voters	111 ⁵³	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (If last page of this schedule)				\$	
				3079.58	/

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

JUL 19 2007

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DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1581</u>
Indexed	<u>SW</u> <u>dr</u>
Audited	_____
Computer	_____

COMMITTEE NAME (Must be same as on Statement of Organization)
Penkel for Representatives

IMPORTANT: Indicate type of committee you are reporting for:

(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate
(5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee
(8)Support State of Candidates

Diane Amundson 233-2448 7-16-04
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A July 19 REPORT FOR AN/A (1) ELECTION //(2)NON-ELECTION YEAR.
(report date) Indicate one

CHECK IF AMENDMENT TO REPORT DATED _____

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
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Local Committees, enter Date of Election <u>General Nov</u>
County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)\$ 2408.89

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)..... 3370.00

Schedule F: Loans Received total (Attach Schedule F)..... -

Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... -

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 5778.89

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)..... 841.49

Schedule F: Loan Repayments total (Attach Schedule F)..... _____

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 4937.40

UNPAID BILLS (From Schedule D - Attach Schedule D)\$ _____

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ _____

OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ _____

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES _____ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Runkel for Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6/19/04	ID# CK# 1334	Story County Dem. Committee Box 1256 Ames IA 50014		\$ 2000 ⁰⁰	<input type="checkbox"/>
6/19	ID# CK# 1613	Leslie Pensack 317 S. Wilmoth Ave Ames IA 50014		25 ⁰⁰	<input type="checkbox"/>
6/19	ID# CK# 7680	Thomas Scott 3012 Ontario Ames IA 50014		50 ⁰⁰	<input type="checkbox"/>
6/19	ID# CK# 3407	Robert Byce 2006 Hornedale Dr. Austin TX 78704		50 ⁰⁰	<input type="checkbox"/>
June 30	ID# CK# 2291	Iowa Committee on Political Ed. 2000 Walker, Suite A DM IA 50317		200 ⁰⁰	<input type="checkbox"/>
6/30	ID# CK# 2532	Richard + Marilyn Hemstad 130 Sherman St. NW Olympia, WA 98502		100 ⁰⁰	<input type="checkbox"/>
6/30	ID# CK# 2829	Linda Wild 225 Long St. Randall IA 50231		30 ⁰⁰	<input type="checkbox"/>
6/30	ID# CK# 5421	Homer + Kay Kalsem Huxley IA 50124		25 ⁰⁰	<input type="checkbox"/>
6/30	ID# CK# 5022	Paul + Velma Rasmussen 2831 Daleview Dr. Ann Arbor, MI 48105		25 ⁰⁰	<input type="checkbox"/>
6/30	ID# CK# 4206	Richard Bartosh 1566 F. Ave Nevada IA 50201		100 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 2605	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Runkel for Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
June 5	ID# CK# 1097	Iva Nordstog 704 11 th St. Newada IA 50201		\$ 20 ⁰⁰	<input type="checkbox"/>
June 5	ID# CK# 5129	Neil + Mary Nordquist 2072 Hatch Rd. Novato, CA 94947		25 ⁰⁰	<input type="checkbox"/>
June 5	ID# CK# 3697	John + Nancy Halleland 740 Main St. Randall IA 50231		25 ⁰⁰	<input type="checkbox"/>
June 5	ID# CK# 6390	Phillip Hermanson 2744 350 th St. Jewell IA 50130		50 ⁰⁰	<input type="checkbox"/>
June 5	ID# CK# 2368	Donald + Joline Henss 9225 Gingerhill Ct. Colorado Springs, Co 80920		100 ⁰⁰	<input type="checkbox"/>
June 5	ID# CK# Cash	Eloise Erickson		20 ⁰⁰	<input type="checkbox"/>
July 15	ID# CK# 2721	Pearl + Ham Muus 901 W. 1 st St. Grand Marais MN 55604		25 ⁰⁰	<input type="checkbox"/>
July 15	ID# CK# 1836	Sylvan Runkel. 3101 45 th St. DM IA 50310		25 ⁰⁰	<input type="checkbox"/>
July 12	ID# 6356 CK# 1248	Freedom Fund PAC #6356 851 - 19 th St. Des Moines IA 50314		250 ⁰⁰	<input type="checkbox"/>
July 12	ID# CK# 1124	Howard + Naomi Reisetter 837 Penn Story City IA 50248		50 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 590 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
7/12	ID# CK# 2245	Vic + Cheryl Moss 16711 563 rd Ave Ames IA 50010		\$ 25 ⁰⁰	<input type="checkbox"/>
7/16	ID# CK# 1330	J.B. Boyd 1512 Krogman Place NW Washington DC 20005		50 ⁰⁰	<input type="checkbox"/>
7/16	ID# CK# 10664	Stephanie Mueller 3025 Ontario Rd. NW Na405 Washington DC 20009-6034		100 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 175⁰⁰

TOTAL (if last page of this schedule)

\$ 3370⁰⁰

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/11	ID# CK# 1034	Walmart. 3015 Grand Ave Ames 50010	misc.	\$ 6.35
6/13	ID# CK# 1035	Casey's 204 S. Main 1625 Broad Story City IA 50248	Gas	10 ⁰⁰
6/13	ID# CK# 1036	Tracy Runkel	Candy Reimbursement.	25 ⁰⁰
6/14	ID# CK# 1011	Cindy Fogue 1013 Kaskaskia Dr. Ames IA 50014	Candy for Parades	104 ¹⁴
6/18	ID# CK# 1037	Hansen Sinclair Ames, IA	Gas	61 ⁰⁰
6/18	ID# CK# 1039	Kmart 1405 Buckeye Ave Ames IA 50010	misc.	43 ²⁰
7/8	ID# CK# 1012	Carter Printing 1739 E. Grand Des Moines IA 50316	Poney cards	561 ⁸⁰
7/8	ID# CK# 1013	Mary Mosiman Story Co. Auditor Nevada IA	County Voting Lists	30 ⁰⁰
SUB-TOTAL				\$ 841.49
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)